

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5	1	1				
6		1				
7		1				
8		1				
9		1				
10	1					
11	1					
12		1				
13		1				
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48						
49						
50						
TOTAL IND.	5	1				
TOTAL DEP.	15					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						